



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

July 1, 2016

ALL COUNTY INFORMATION NOTICE NO. I-42-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE DEPUTY DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS

SUBJECT: ASSESSMENTS TO DETERMINE THE APPROPRIATENESS OF THE GROUP HOME PLACEMENT FOR CHILDREN AND YOUTH IN GROUP HOME CARE OVER ONE YEAR IN DURATION AND PLANS FOR TRANSITIONING INTO A HOME-BASED FAMILY CARE SETTING

REFERENCE: WELFARE AND INSTITUTIONS CODE (WIC) 361.2, SECTIONS 11467(c)(2), 16010.8 AND 16501.1(a)(2); [ASSEMBLY BILL \(AB\) 74](#) (CHAPTER 21, STATUTES OF 2013); [ALL COUNTY LETTER \(ACL\) NO. 13-73](#), [ACL NO. 13-86](#); and [ASSEMBLY BILL \(AB\) 403](#) (CHAPTER 773, STATUTES OF 2015)

The purpose of this All County Information Notice (ACIN) is to inform counties that the dissemination of lists identifying those children and youth placed in group homes for one year or longer will be available on July 1, 2016. County welfare and probation departments are required to document the assessment and plan for transitioning the child or youth into a home-based family care setting. The assessment and plan should be viewed within the context of AB 403/Continuum of Care Reform (CCR). The intent of AB 403 is to reduce the reliance on long-term group care by increasing placements into family settings. Per AB 403, a continued placement in a Short Term Residential Therapeutic Program (STRTP) is subject to a six month review by the county. Although group home placements are reviewed per the requirements in this ACIN, the intent is the same which is to create a plan to transition youth to a home-based family care setting if appropriate.

Attached to this ACIN, you will find the instructions in ACL No. 13-86 for how to document the assessment and the plan for appropriately transitioning children and youth into a home-based family care setting, (e.g. foster family home, foster family agency certified home, kinship/guardianship, relative/non-relative extended family member).

The Notification Procedure

For the July 2016 data extraction, each county welfare director and chief probation officer should receive an email notice by July 15, 2016. The email will explain how to access the California Department of Social Services (CDSS) extranet site to view the "Group Home Greater Than One Year Report" which includes each county's list of children and youth to be reviewed. Note: Previously all counties have been issued passwords and these passwords continue to be in effect. If a county does not receive an email notice by July 30, 2016 or if there are problems with the login process, that county should contact the CDSS using the information contained within this ACIN.

Data Extract Methodology

The "Group Home Greater Than One Year Report" is a client-level report of youth ages 0-18 in group home placement on a point-in-time date who spent at least 365 out-of-home care placement days in one or more group home settings (group home or shelter) out of 400 possible placement days ending on the point-in-time date. Group home placement days are cumulated if the youth had multiple group home or shelter placements and/or placement episodes within the 400 days.

Input of the Assessment Data and Timeframe to Complete

As of August 1, 2016, all counties are presumed to have notice and receipt of the July 2016 list of children and youth in group care over one year in duration. Counties will have until October 3, 2016 to input group care placement assessments and appropriate transition plans into the Child Welfare Services/Case Management System (CWS/CMS) as a "Client Evaluation" as explained in ACL No. 13-86.

The CDSS will conduct a follow-up sampling of cases to determine the extent to which counties have reassessed the continued suitability of the group home placement and developed transition plans for placement in a less restrictive placement setting consistent with the intent of WIC section 16010.8. The CDSS' review of information will be limited to those sections identified in ACL No. 13-86. Information entered into other sections of the CWS/CMS system or probation database will not be considered as meeting these requirements for the reporting purposes.

Pursuant to ACL No. 13-86, counties are being requested to document the reassessment by entering the following information into the "Contact Notebook" in CWS/CMS for each individual on the list:

- 1) Enter the appropriate start date and end date for the contact.
- 2) Contact method should be "In-Person." (Note: This activity can take place during the monthly caseworker visit.)

- 3) For the Contact Purpose, select "Conduct Client Evaluation" from the drop down menu.
- 4) For "On Behalf of Child", select the child/youth identified on this list.
- 5) Contact "Party Type" – select "Staff Person/Child."
- 6) In the Narrative dialog box document the following:
 - a) Begin the narrative with the phrase - "Reassessment of a child/youth in group care."
 - b) For those youth whom it is determined that group care continues to be suitable and appropriate, include information supporting the continued placement needs of the child/youth. This would include but not be limited to information from a Child and Family Team or the Interagency Placement Committee. Information gathered would explain why a youth continuation in a group home placement is the best alternative available. Additionally, this placement type meets the special needs of the child/youth and what strategies are being considered to transition the child/youth to a less restrictive level of care.
 - c) For the child/youth whose reassessment has determined that group care is no longer suitable or appropriate, include information regarding the plan for transition being sure to include information about when it is expected that the child/youth will transition and where the child/youth will transition to (Relative, Parent, Foster Family Agency with In Home Behavioral Services, or Therapeutic Foster Care services).
- 7) If a transitional plan is developed or changed, then the case plan should be updated as necessary to reflect any changes in services and case plan goals. Extended Foster Care or Independent Living Plans are not considered "transition plans" for purpose of this assessment of a child/youth in group care.

If you have any questions regarding this ACIN, please contact the Foster Care Audits and Rates Branch at (916) 651-9152. Questions can be directed to ccr@dss.ca.gov.

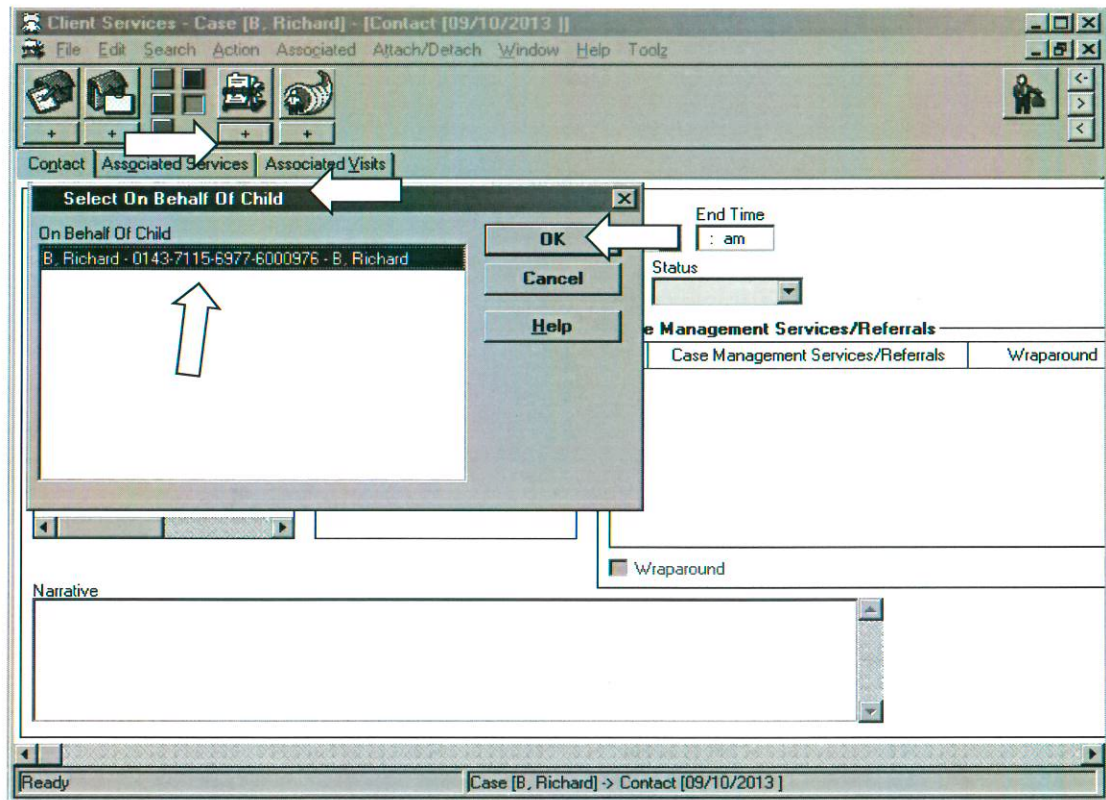
Sincerely,

Original Document Signed By

CHERYL TREADWELL, Chief
Foster Care Audits and Rates Branch
Children and Family Services Division

Attachment

Assessing Youth Residing in Group Care Longer Than One Year: A Screenshot Assisted Tutorial



- (1) Click the "+" button to create a new contact from the "Select On Behalf Of Child" Box. Select the child/youth identified on this list. Click the "OK" button.

Client Services - Case [B, Richard] - [Contact [09/10/2013]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Contact Information

Staff Person Start Date Start Time End Date End Time
G, Dorian 09/10/2013 09:00am 09/10/2013 10:00am

Contact Purpose Method Location Status

Participants

On Behalf of Child
1 B, Richard 01

Contact Party Type

Case Management Services/Referrals

Case Management Services/Referrals Wraparound

Wraparound

Narrative

Ready Case [B, Richard] -> Contact [09/10/2013]

(2) Enter the appropriate **Start Date** and **End Date**.

Client Services - Case [B. Richard] - [Contact [09/10/2013]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Contact Information

Staff Person: G. Dorian Start Date: 09/10/2013 Start Time: 09:00am End Date: 09/10/2013 End Time: 10:00am

Contact Purpose: Method: In-Person Location: Status:

Participants

Method dropdown menu options: <None>, E-Mail, Fax, In-Person (selected), Telephone, Written

Contact Party Type

Case Management Services/Referrals

Case Management Services/Referrals	Wraparound

Wraparound checkbox

Narrative

Ready Case [B. Richard] -> Contact [09/10/2013]

- (3) **Contact Method** should be “in-Person”. (Note this activity can take place during the monthly caseworker visit.)

Client Services - Case [B. Richard] - [Contact [09/10/2013]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Contact Information

Staff Person: G. Dorian Start Date: 09/10/2013 Start Time: 09:00am End Date: 09/10/2013 End Time: 10:00am

Contact Purpose: Conduct Client Evaluation Method: In-Person Location: Status:

Conduct Client Evaluation

Conduct NMD Safety Assessment

Consult with Attorney

Consult with Collateral

Consult with Service Provider

Consult with Staff Person

Consult with Sub Care Provider

Deliver Service to Client

Extended Foster Care Inquiry

Investigate Referral

On Behalf of Child

1 B. Richard

Contact Party Type

Case Management Services/Referrals

Case Management Services/Referrals Wraparound

Wraparound

Narrative

Ready Case [B. Richard] -> Contact [09/10/2013]

(4) For the **Contact Purpose** select “**Conduct Client Evaluation**”.

Client Services - Case [B. Richard] - [Contact [09/10/2013]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Contact Associated Services Associated Visits

Contact Information

Staff Person Start Date Start Time End Date End Time
G. Dorian 09/10/2013 09:00am 09/10/2013 : am

Contact Purpose Method Location Status
Conduct Client Evaluation In-Person

Participants

On Behalf of Child

1 B. Richard

Case Management Services/Referrals

Select Contact Party Type

Contact Party Type

- Staff Person/Attorney
- Staff Person/Child
- Staff Person/Collateral
- Staff Person/Other Contact
- Staff Person/Parent-Guardian
- Staff Person/Reporter
- Staff Person/Service Provider
- Staff Person/Staff Person
- Staff Person/Sub Care Provider

OK Cancel Help

Narrative

Ready Case [B. Richard] -> Contact [09/10/2013]

- (5) Click the “+” button on the “Contact Party Type” grid, select “Staff Person/Child”. Click the “OK” button.

Client Services - Case [B. Richard] - [Contact [09/10/2013]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Contact Information

Staff Person: G. Dorian Start Date: 09/10/2013 Start Time: 09:00am End Date: 09/10/2013 End Time: : am

Contact Purpose: Conduct Client Evaluation Method: In-Person Location: Status:

Participants

On Behalf of Child

1 B. Richard

Contact Party Type

1 Staff Person/Child

Case Management Services/Referrals

Case Management Services/Referrals Wraparound

☐ Wraparound

Narrative

EXAMPLE:

a) Reassessment of a Child/Youth in Group care.

b) Plan to transition Youth to a family like setting. etc.

c) Youth will be transitioned to a relatives home etc.

Ready Case [B. Richard] -> Contact [09/10/2013]

(6) In the **Narrative dialog box**, document the following:

- Begin the narrative with the phrase, "Reassessment of a child/youth in group care".
- For those youth for whom it is determined that group care continues to be suitable and appropriate, include information supporting the continued placement needs of the Child/Youth and, if appropriate, the plan to transition youth to a family-like setting.
- For those youth whose reassessment has determined that group care is no longer suitable or appropriate, include information regarding the plan for transition being sure to include information about when it is expected that the child/youth will transition and where the child/youth will transition to (relative, parent, Foster Family Agency with In Home Behavioral Services or Therapeutic Foster Care services).

Client Services - Case [B, Richard] - [Case Plan [In Progress]]

File Edit Search Action Associated Attach/Detach Window Help Tools

CP Participants Contributing Factors Strengths Service Objectives Planned Client Services Case Mgmt Svcs

ID	Participant	Case Plan Goal	Goal Projected Completion Date
1	B, Richard (9)	Long Term Foster Care with Relative	03/11/2014

Case Plan Goal
Long Term Foster Care with Relative
Goal Projected Completion Date
03/11/2014

Assessed by Adoptions
☐ Adoptable
☐ Not Adoptable
☒ Not Assessed

Current Service Component
Service Component Type
Emergency Response
Effective Date
08/01/2011

Permanency Alternative/Concurrent Planning
Long Term Foster Care with Non-Relative
Projected CWS Termination Date

Ready | Case [B, Richard] -> Case Plan [In Progress]

(7) If a transitional plan is developed or changed, then the **Case Plan** should be updated as necessary.

a) Click the **“Existing Case Plan”** button to open and update the **Case Plan**.